



Mission Statement:

To provide quality leisure services through safe, attractive, maintained parks and diversified programs that meet the current and future need of the community.

The Salisbury Parks & Recreation Department Youth Basketball Program will be Co-sponsored by the Jr. NBA & Jr. WNBA this year.

The Basketball Program gives area youth the opportunity to play in a league with other children age's 5-15 years olds. (5-6 year olds will be co-ed and will start play in February)

*** BOY'S JR. NBA REGISTRATION AGES 7-15: September 20th - October 15th 2004 for CITY RESIDENTS**

& September 27th - October 15th for NON-RESIDENTS

*****Age cut-off as of December 31st, 2004.**

GIRL'S JR. WNBA REGISTRATION AGES 5-15 (5-6 CO-ED) - December 20th - January 14th - EARLY REGISTRATION ACCEPTED.

The 2004-2005 package includes: Jersey, Towel, Clinic & Jr. NBA/WNBA Materials. ***Will Need to Bring Birth Certificate When Registering**

Completed forms will be accepted at Hall Gym ONLY @ 1402 W. Bank Street Monday through Thursday 12:00 - 7:00 p.m.,

Friday 12:00 - 5:00 p.m. & Saturday 10:00 a.m. - 1:00 p.m.

REGISTRATION FEE: City Residents - \$30.00 Non-Residents - \$55.00 * NO REFUNDS

*Coaches and assistants needed. Coaches from previous year will have 1st priority over new coaches who want to coach in same district. New Coaches will fill out Coaches Application and interviewed with Advisory Board. **Request of a particular coach WILL NOT be accepted!**

* In ages 5-8, only one request for transportation reasons (Ex. If Player A request Player B then Player B must request Player A).

The Athletic Director must approve request. Request may result in placement on different district team.

* In 9-15 age groups, a Pre-Season Player Placement Draft will determine teams. Players returning to same age group will remain on the same team from previous year. Returning players advancing to next age group or any first year players will be required to attend the draft on Oct.30th or 31st. Player's required to attend draft, **MUST** attend, or will be placed on team by random drawing by SPRD staff.

*** Parents will be required to sign a Parents Code of Ethics before child is allowed to play.**

* IF YOU HAVE NOT BEEN CALLED BY NOVEMBER 1st, PLEASE CONTACT RANDALL KING/STEVE CLARK AT 704-638-5289.

* MOUTHPIECES ARE RECOMMENDED TO BE WORN BY ALL PLAYERS.

FOR MORE INFORMATION CALL 704-638-5289 or email at: rking@salisburync.gov or sclar@salisburync.gov

JR. NBA/WNBA YOUTH BASKETBALL REGISTRATION FORM 2004-2005

Player's Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ Zip Code: _____

Birth Date: _____ Age as of December 31st 2004: _____ Sex: _____

(Birth certificate required to verify age)

What School does your child attend? _____

Name of parent or guardian: _____

Person to contact in case of emergency: _____ Phone: _____

Parent's willing to help? YES _____ NO _____

(a) as coach _____ (b) assistant coach _____ (c) team mother _____ (d) or at practice _____ (e) sponsor a team _____

LEAGUES

5-6 yr. old _____ CO-ED / Boys & Girls (Registration December 20th - January 14th, 2005 - League will play in February)

BOYS _____ **GIRLS** (registration 12/20/04 - 1/14/05; early registration will be accepted)

7-8 yr. old _____ 7-8 yr. old _____

9-10 yr. old _____ 9-10 yr. old _____

11-12 yr. old _____ 11-12 yr. old _____

13-15 yr. old _____ 13-15 yr. old _____

Did your child participate last year?

yes _____ no _____

If Yes, Team Name: _____

***REGISTRATION FEE: CITY RESIDENTS \$30.00 NON-RESIDENTS \$55.00**

****Payment must be received
at time of registration.
NO EXCEPTIONS!!!**

I (we) the parent(s) or guardian(s) of the above named player, do hereby release the City of Salisbury, the Salisbury Parks & Recreation Department, coaches, officials, volunteers or other persons involved in the operation of the Salisbury Parks & Recreation Department's Youth Athletic Program from all liability for injury or loss as a result of participation, including travel in said program on the apart of the above named players and hereby give my permission for him/her to participate in this program. I understand, acknowledge and consent that my child's photograph, likeness or image may be displayed for advertising purposes without further compensation or notice.

Parent(s)/Guardian(s) Signature

SIGN UP EARLY DUE TO LIMITED NUMBER OF PARTICIPANTS PER AGE GROUP.

LATE REGISTRATION WILL ONLY BE ACCEPTED IF SPACE IS AVAILABLE.



***** STAFF ONLY *****

Payment Received: YES _____ NO _____ CASH: _____ CHECK: _____

DATE: _____ STAFF INITIALS: _____ AMOUNT: _____ CHECK # _____

RECEIVED SIGNED PARENTS CODE OF ETHICS: YES: _____ NO: _____ Birth Certificate Checked: Yes _____ No _____